

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C.DATE: 10-9-04GRIEVANT'S NAME: Kevin Brathwaite SBI#: 315294CASE#: 8303TIME OF INCIDENT: Approx: 9⁰⁰ AMHOUSING UNIT: M.H. Hospital

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON Oct, 9, 04 At Approx: 9⁰⁰ AM Sgt. WALLACE came to my cell and told me that he was shaking me down. When Sgt. WALLACE opened my door without using the security bar as is procedure of protocol, I immediately detected a problem was about to occur. So I told Sgt. WALLACE that I would like to have a LT. present during the shake down as I have had problems in the past with this officer. Sgt. WALLACE told me that he was not getting the LT. and

ACTION REQUESTED BY GRIEVANT: That this matter be ~~being~~ investigated and that it not be swept under the rug. And that these officers be brought up on criminal charges.

GRIEVANT'S SIGNATURE: DATE: 10-11-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

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he told me to strip. After I stripped AND handed SGT. WALLACE my clothes. I asked him again to ~~please call a LT.~~ to be present during the shake down. SGT. WALLACE, stated I'm not playing games with you. Then he sprayed me with MACE AND shut my door. Then he told the officer standing with him to open the Food Flap At my cell. The officer asked him why? He then told the officer again to open the Food Flap. AND when the officer complied, SGT. WALLACE emptied an entire can of MACE directly into my face AND all over my body AND throughout my cell. At no time was I being disorderly nor did I pose any threat to him or anyone else. SGT. WALLACE then called for back-up. For what reason I have no clue. When the back up arrived. SGT. WALLACE told me to wrap something around myself, because

I WAS COMPLETELY NAKED. I picked up my green bath towel AND WRAPPED it AROUND my WAIST.

Sgt. WALLACE then told me to turn AROUND AND BACK UP to the door to be cuffed. during this time I WAS choking AND Coughing FROM being Sprayed with the mace. When I backed up to the door to be cuffed.

Sgt. WALLACE grabbed me by the Arm AND SNATCHED me out of my cell. I had Already been Sprayed with mace For no reason, AND I did not resist At ANYtime. When I WAS SNATCHED out of the cell, Sgt-Phillips AND Sgt-STEVENSON jumped on me For no reason. After I WAS lying on the ground Still NAKED AND handcuffed, Sgt. WALLACE AND Sgt-STEVENSON AND Sgt-Phillips began to punch AND Kick me. While lying on the Floor Still NAKED AND handcuffed, Sgt. WALLACE jumped on my back with his Feet AND Kicked me in the head. AND AS he got off of me, he Kicked

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C.DATE: 10-11-04GRIEVANT'S NAME: Kevin BrathwaiteSBI#: 315294CASE#: 8302TIME OF INCIDENT: Approx: 5⁰⁰ P.MHOUSING UNIT: Medical Unit

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON Oct, 11, 04 At Approximately 5⁰⁰ P.M., I told LT. Rispoli that I needed him to contact someone to take pictures of all of my bruises and lacerations that I sustained as a result of a brutal assault by correction officers. LT. Rispoli told me to lay down and stop acting like a bitch. I do not feel safe around the officers that assaulted me or LT. Rispoli.

ACTION REQUESTED BY GRIEVANT: That this matter be investigated and that all of my injuries be photographed and that I do not be housed anywhere these officers work

GRIEVANT'S SIGNATURE: DATE: 10-11-04WAS AN INFORMAL RESOLUTION ACCEPTED? ☐ (YES) ☐ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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2nd GRIEVANCE IA FILE
1/18/03

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C.DATE: 12-15-04GRIEVANT'S NAME: Kevin BrathwaiteSBI#: 315294CASE#: 10654TIME OF INCIDENT: Approx: 11:50 P.M.HOUSING UNIT: INFIRMARY

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON the above time AND date while being
housed in the infirmary, cell #191 I
was asleep in my bed AND some officers
opened up ~~my~~ the flap on my door AND
sprayed me in my face with mace.
The Area Lt. AND the Medical dept.
was notified.

ACTION REQUESTED BY GRIEVANT: that this matter be
investigated by an outside agency.

GRIEVANT'S SIGNATURE: [Signature]DATE: 12-19-04

WAS AN INFORMAL RESOLUTION ACCEPTED? (YES) (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
 GRIEVANT

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2nd Grievance

FORM #584

Put in into Box
on 1-4-05

GRIEVANCE FORM

FACILITY: D.C.C.DATE: 12-17-04GRIEVANT'S NAME: Kevin BrathwaiteSBI#: 315294CASE#: 10652TIME OF INCIDENT: 6³⁰ P.M. 10:10 P.M.HOUSING UNIT: Infirmery

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON the above date at approx 6:20 P.M., my cell was searched and I was strip searched, which is the daily routine. Then at approx. 10:10 P.M. LT. Godwin came to my cell with approx five other officers and stripped me and searched my cell again. LT. Godwin started asking me questions regarding an assault that took place against me, which is suppose to be under internal affairs investigation. I took this second cell search and line of questioning as an act of victim intimidation and harassment. I asked C/O MANNO for a grievance, and LT. Godwin ordered her not to give me a grievance form. C/O DUNN gave same order.

ACTION REQUESTED BY GRIEVANT: That this victim intimidation and harassment be stopped and that this matter be investigated by an outside agency.

GRIEVANT'S SIGNATURE: [Signature]DATE: 12-19-04WAS AN INFORMAL RESOLUTION ACCEPTED? (YES) (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: DATE:

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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2nd Grievance

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C.DATE: 12-17-04GRIEVANT'S NAME: Kevin BrathwaiteSBI#: 315294CASE#: 10653TIME OF INCIDENT: 10:00 P.M.HOUSING UNIT: Infirmmary

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

on the above date and time while being housed in the infirmmary in cell #191. I got up to use the toilet and I noticed an officer peering at me through the outside window with a dark color baseball cap pulled down over his head. His intense stare led me to believe that he was attempting to intimidate me. I was later told that this officer was sent by LT. Godwin

ACTION REQUESTED BY GRIEVANT: that this form of victim intimidation be stopped and that this matter be investigated by an outside agency

GRIEVANT'S SIGNATURE: [Signature]DATE: 12-19-04WAS AN INFORMAL RESOLUTION ACCEPTED? ☐ (YES) ☐ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
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FORM #584

GRIEVANCE FORM

Put into Box on

1-4-05

FACILITY: D.C.C.DATE: 12-21-04GRIEVANT'S NAME: Kevin Brathwaite SBI#: 315294CASE#: 10651TIME OF INCIDENT: 4-12 shiftHOUSING UNIT: INFIRMARY

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON the Above date on the 4-12 shift, C/O Overmeyer ~~and~~ C/O DUNN AND A third officer came to my cell for a shakedown. While C/O Overmeyer was handcuffing me, he was handling my hands and arms with extreme aggression and this was absolutely uncalled for. C/O DUNN told C/O Overmeyer to take away my Boxers, Tee-shirt and blanket. These items were passed out due to the excessive coldness in the temperatures and mine was the only ones confiscated.

ACTION REQUESTED BY GRIEVANT: That these acts of intimidation and retaliation be stopped and that this matter be investigated by an outside agency.

GRIEVANT'S SIGNATURE: [Signature]DATE: 12-21-04

WAS AN INFORMAL RESOLUTION ACCEPTED?

 (YES) (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: DATE:

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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ON 12-22-04

FORM #584

GRIEVANCE FORM

[Signature] 11/18/05

FACILITY: D-C-C DATE: 12-21-04

GRIEVANT'S NAME: Kevin Brathwaite SBI#: 315294

CASE#: 10650 TIME OF INCIDENT: 4-12 shift

HOUSING UNIT: Infirmary

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON the above date on the 4-12 shift, c/o overmeyer, c/o DUNN AND A third officer came to my cell for a shakedown. While c/o overmeyer was handcuffing me, he was handling my hands AND ARMS with extreme aggression, AND this was absolutely uncalled for. c/o DUNN told c/o overmeyer to take my boxers, T-shirt AND blanket. These items were passed out due to the excessive coldness in the temperatures, AND mine WAS the only ones confiscated.

ACTION REQUESTED BY GRIEVANT:

That these acts of intimidation AND retaliation be stopped AND that this matter be investigated by an outside Agency.

GRIEVANT'S SIGNATURE: *[Signature]* DATE: 12-21-04

WAS AN INFORMAL RESOLUTION ACCEPTED? ☐ (YES) ☐ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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This grievance was put
in the box on 12-26-04

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C.DATE: 12-24-04GRIEVANT'S NAME: Kevin BrathwaiteSBI#: 315294CASE#: 10657TIME OF INCIDENT: Approx: 6:40 P.M.HOUSING UNIT: Infirmarary

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED
IN THE INCIDENT OR ANY WITNESSES.

ON the Above date and time, while being housed in the
infirmarary cell #191, LT. Godwin, LT. Willey AND C/O
Overmeyer came to my cell again for a second
cell search within an hour and a half. This
time they confiscated the legal work that I was
working on, AND my blanket that was authorized by
DR. Rahman. This ~~is~~ retaliation and intimidation
is being covered up, BECAUSE this second cell search
AND CONFISCATION OF my blanket AND legal work was
never logged in the log book as is the procedure of Protocol

ACTION REQUESTED BY GRIEVANT: That this intimidation and
retaliation be stopped, AND that this matter
be investigated by an outside agency.

GRIEVANT'S SIGNATURE:

DATE: 12-25-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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FORM #584

GRIEVANCE FORM

FACILITY: D.C.C. DATE: 12-24-04GRIEVANT'S NAME: Kevin Brathwaite SBI#: 315294CASE#: 1065CP TIME OF INCIDENT: Approx. 6:40 P.M.HOUSING UNIT: Infirmary

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED
IN THE INCIDENT OR ANY WITNESSES.

ON THE ABOVE DATE AND TIME, WHILE BEING
HOUSED IN THE INFIRMARY, LT. GODWIN AND
C/O OVERMEYER CONFISCATED THE LEGAL
MATERIAL THAT I HAD JUST RECEIVED FROM
THE LAW LIBRARY ONLY AN HOUR PRIOR
TO THIS CONFISCATION. IN DOING SO, THESE
OFFICERS DENIED ME ACCESS TO THE COURTS.
THESE OFFICERS CONTINUE TO RETALIATE
AND HARASS ME FOR BEING A VICTIM OF
AN ASSAULT BY THEIR BODDIES.

ACTION REQUESTED BY GRIEVANT: THAT THESE OFFICERS
REFRAIN FROM DENYING ME ACCESS TO
THE COURTS AND THAT THESE ACTS OF
RETALIATION AGAINST ME BE INVESTIGATED
BY AN OUTSIDE AGENCY

GRIEVANT'S SIGNATURE: [Signature] DATE: 12-28-04WAS AN INFORMAL RESOLUTION ACCEPTED? ☐ (YES) ☐ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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FORM #584

GRIEVANCE FORM

1/18/05

FACILITY: D.C.C.DATE: 12-24-04GRIEVANT'S NAME: Kevin BrathwaiteSBI#: 315294CASE#: 106419TIME OF INCIDENT: 7:00 P.M.HOUSING UNIT: Infirmary

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED
IN THE INCIDENT OR ANY WITNESSES.

ON the above time and date I asked
Sgt. Lovett and C/O Overmeyer to please
give me some grievance forms because
I was attempting to exhaust my right
to address my problems through the
correct procedures. Sgt. Lovett and
C/O Overmeyer refused to give me any
grievance forms and denied me my right
to due process.

ACTION REQUESTED BY GRIEVANT:

That these officers
be encouraged to follow the laws of the
Constitution and that due process be followed
according to policy and procedure.

GRIEVANT'S SIGNATURE: [Signature]DATE: 12-25-04

WAS AN INFORMAL RESOLUTION ACCEPTED?

☐ (YES)☐ (NO)

COMMENTS

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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FORM #584

GRIEVANCE FORM



FACILITY: D.C.C. DATE: 12-24-04
 GRIEVANT'S NAME: Kevin Brathwaite SBI#: 315294
 CASE#: 10648 TIME OF INCIDENT: Approx 5:09 P.M.
 HOUSING UNIT: Infirmary

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

on the above date AND time, while being housed in the infirmary, cell 191 C/O Overmeyer conducted a cell search and confiscated my shower shoes off of my feet. I've been in possession of these same shower shoes since Oct, 10th, 04 when I came to the infirmary, and C/O Overmeyer has searched my cell at least five times per week since I've been here and my shower shoes have never been an issue. Since I was assaulted by his buddies on Dec, 15th, 04, C/O Overmeyer has been retaliating against me and using other intimidation tactics.

ACTION REQUESTED BY GRIEVANT:

That this retaliation and intimidation be stopped and that this matter be investigated by an outside agency.

GRIEVANT'S SIGNATURE: DATE: 12-28-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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his grievance was put in
the box on 12-25-04

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C.DATE: 12-24-04GRIEVANT'S NAME: Kevin BrathwaiteSBI#: 315294

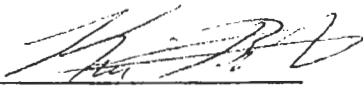
CASE#:

TIME OF INCIDENT: Dec, 16th, 04 - PresentHOUSING UNIT: Infirmary

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED
IN THE INCIDENT OR ANY WITNESSES.

ON Dec, 15th, 04 I WAS the victim of AN ASSAULT
by OFFICERS in the infirmary. Since this assault
has taken place, I have been the target of
harassment, retaliation AND intimidation. Due to
these acts of aggression towards me, I have
filed numerous grievances AND written letters
to the ADMINISTRATIVE OFFICES of this facility,
AND these acts of aggression towards me still
persist.

ACTION REQUESTED BY GRIEVANT: That these matters be
investigated by an outside agency.

GRIEVANT'S SIGNATURE: DATE: 12-24-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

This grievance was put
in the box on 12-25-04

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C. DATE: 12-24-04
 GRIEVANT'S NAME: Kevin Brathwaite SBI#: 315294
 CASE#: _____ TIME OF INCIDENT: Approx 5:09 P.M.
 HOUSING UNIT: Infirmary

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

on the above date and time, while being housed in the infirmary, cell 191 C/O Overmeyer conducted a cell search and confiscated my shower shoes off of my feet. I've been in possession of these same shower shoes since Oct, 10th, 04 when I came to the infirmary, and C/O Overmeyer has searched my cell at least five times per week since I've been here and my shower shoes have never been an issue. Since I was assaulted by his buddies on Dec, 15th, 04, C/O Overmeyer has been retaliating against me, and using other intimidation tactics.

ACTION REQUESTED BY GRIEVANT:

That this retaliation and intimidation be stopped and that this matter be investigated by an outside agency.

GRIEVANT'S SIGNATURE: [Signature] DATE: 12-25-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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in the box on 12-26-04

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C. DATE: 12-24-04
 GRIEVANT'S NAME: Kevin Brathwaite SBI#: 315294
 CASE#: _____ TIME OF INCIDENT: 7:00 P.M.
 HOUSING UNIT: INFIRMARY

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON the Above time and date I asked
Sgt. Lovett AND c/o Overmeyer to please
give me some grievance forms because
I WAS attempting to exhaust my right
to address my problems through the
correct procedures. Sgt. Lovett AND
c/o Overmeyer refused to give me ANY
grievance forms AND denied me my right
to due process.

ACTION REQUESTED BY GRIEVANT: That these officers
be encouraged to follow the laws of the
Constitution AND that due process be followed
According to Policy AND Procedure.

GRIEVANT'S SIGNATURE: [Signature] DATE: 12-25-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
 GRIEVANT

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in the box on 12-26-04

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C.DATE: 12-24-04GRIEVANT'S NAME: Kevin BrathwaiteSBI#: 315294CASE#: 10655TIME OF INCIDENT: OCT, 9th, 04 - PresentHOUSING UNIT: Infirmmary

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED
IN THE INCIDENT OR ANY WITNESSES.

I've been in the infirmmary since Oct, 10, 04.
AND it has just been brought to my attention
by the property officer, that she never took
possession of any of my property from the S.H.U.
All of my property and very important
paperwork, receipts, diplomas, certificates
Jewelry, radio, clothes and other items
have not even been inventoried. LT.
Yoder and Sgt. Wallace were responsible
for my property when I left the S.H.U.

ACTION REQUESTED BY GRIEVANT: That I receive an
inventory sheet of all my property
and that all my paperwork be sent
to me.

GRIEVANT'S SIGNATURE: DATE: 12-25-04

WAS AN INFORMAL RESOLUTION ACCEPTED? ☐ (YES) ☐ (NO)

REMARKS (COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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in the box on 12-28-04

FORM #584

GRIEVANCE FORMFACILITY: D.C.C. DATE: 12-24-04GRIEVANT'S NAME: Kevin Brathwaite SBI#: 315294CASE#: _____ TIME OF INCIDENT: Approx 6:40 P.MHOUSING UNIT: Infirmary

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

on the above date and time, while being housed in the infirmary. LT. Godwin and C/O Overmeyer confiscated the legal material that I had just received from the law library only an hour prior to this confiscation. In doing so, these officers denied me access to the courts. These officers continue to retaliate and harass me for being a victim of an assault by their Buddies.

ACTION REQUESTED BY GRIEVANT: That these officers refrain from denying me access to the courts and that these acts of retaliation against me be investigated by an outside agency

GRIEVANT'S SIGNATURE: [Signature] DATE: 12-25-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(OPTIONAL)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

(OPTIONAL)

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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in the box on 12-26-04

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C.DATE: 12-24-04GRIEVANT'S NAME: Kevin BrathwaiteSBI#: 315294

CASE#: _____

TIME OF INCIDENT: Approx: 6:40 P.M.HOUSING UNIT: Infirmary

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED
IN THE INCIDENT OR ANY WITNESSES.

On the above date and time, while being housed in the infirmary cell #191, LT. Godwin, LT. Willey and C/O Overmeyer came to my cell again for a second cell search within an hour and a half. This time they confiscated the legal work that I was working on, and my blanket that was authorized by DR. Rahman. This is retaliation and intimidation is being covered up, because this second cell search and confiscation of my blanket and legal work was never logged in the log book as is the procedure of protocol.

ACTION REQUESTED BY GRIEVANT: That this intimidation and retaliation be stopped, and that this matter be investigated by an outside agency.

GRIEVANT'S SIGNATURE: [Signature]DATE: 12-25-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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FORM #584

GRIEVANCE FORM


FACILITY: D.C.C.DATE: 12-24-04GRIEVANT'S NAME: Kevin BrathwaiteSBI#: 315294CASE#: 10644TIME OF INCIDENT: Dec, 16th, 04 — PresentHOUSING UNIT: Infirmery

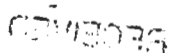
BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED
IN THE INCIDENT OR ANY WITNESSES.

ON Dec, 15th 04 I WAS THE VICTIM OF AN ASSAULT
by officers in the infirmery. Since this assault
has taken place, I have been the target of
harassment, retaliation AND intimidation. Due to
these acts of aggression towards me, I have
filed numerous grievances and written letters
to the administrative offices of this facility,
AND these acts of aggression towards me still
persist.

ACTION REQUESTED BY GRIEVANT: That these matters be
investigated by an outside agency.

GRIEVANT'S SIGNATURE: DATE: 12-24-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)



(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMISSION

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

RECEIVED

JAN 05 2005

Inmate Grievance Office

RECEIVED

DEC 29 2004

Inmate Grievance Office

This grievance was
put in the box on
12-26-04

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C.DATE: 12-25-04GRIEVANT'S NAME: Kevin Brathwaite SBI#: 315294

CASE#: _____

TIME OF INCIDENT: Approx: 7:10 P.MHOUSING UNIT: INFIRMARY

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED
IN THE INCIDENT OR ANY WITNESSES.

ON the above date AND time while being house in the
infirmary cell 491. C/O Overmeyer, C/O Rogers AND A
third officer came to my cell for a shakedown. During
the search I ask C/O Overmeyer why he did not log in the
log book, that fact that him and LT. Godwin searched me
cell twice on their shift the day before. C/O Overmeyer
stated that he did not have to. This officer did not
follow procedure by logging the second cell search
because he was clearly trying to cover-up this
blatant retaliation, harassment and intimidation.

ACTION REQUESTED BY GRIEVANT: That C/O Overmeyer no longer
be allowed to have contact with me AND
that this matter be investigated by
an outside agency.

GRIEVANT'S SIGNATURE: [Signature]DATE: 12-25-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

2nd Grievance

FORM #584

GRIEVANCE FORM

Put into Box on
1-4-05FACILITY: D.C.C. DATE: 1-1-05GRIEVANT'S NAME: Kevin Brathwaite SBI#: 315294CASE#: 10647 TIME OF INCIDENT: 001 — presentHOUSING UNIT: Infirmary P/observation 185

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Over the past three (3) months I have been shaken down and had my cell searched 3-4 times ^{per} day seven (7) days per week. These shake downs are taking place every single day on every shift. This is clearly retaliation and harassment.

ACTION REQUESTED BY GRIEVANT: That this Harassment and retaliation be stopped

GRIEVANT'S SIGNATURE:  DATE: 1-1-05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

RECEIVED

JAN 05 2005

Inmate Grievance Office

April '97 REV

RECEIVED

DEC 29 2004

Inmate Grievance Office